***(PLEASE COPY, REVISE AND PRINT ON YOUR DEPARTMENT LETTERHEAD)***

## Model Letter of Renewal of Appointment

## For Graduate Fellows

**Note to Academic Departments, Graduate Programs, and Training Grant/Fellowship Principal Investigators:**

This letter of offer constitutes a renewal of appointment for OSU Graduate Fellows. This letter is specifically developed for Graduate Fellows and should not be used for other appointments. This letter does not offer admission to the University.

All paragraphs listed below are required, as noted. Please clearly articulate the total stipend to be received and the schedule and method under which the stipend will be disbursed.

This letter must be signed by the individual who has signature authority over the graduate fellowship, such as a dean, academic department head/chair, graduate program director (for graduate programs not administered by academic departments), or principal investigators responsible for federally sponsored fellowship programs and training grants.

Once this letter is signed/offer accepted by the student, the appointing program must complete the Graduate Fellow appointment form on OSCAR at <https://oscar.oregonstate.edu/Public/Recruit.aspx> (then click on Appoint-Graduate Fellow) and route the letter and form to the required offices as noted per form instructions.

Please commit no more than one fiscal year appointment in this renewal of appointment notice. For initial appointments, complete a model notice of Graduate Fellow Appointment found at: https://hr.oregonstate.edu/policies-procedures/administrators/appointment-renewal-and-non-renewal-model-letters/offer-letter

If you have questions this model letter or the Graduate Fellow appointment process, including eligibility, contact the Graduate School via email: Graduate.Scholarships@oregonstate.edu.

***USE THIS MODEL LETTER FOR
2018-2019 GRADUATE FELLOW APPOINTMENT RENEWAL***

[Date]

TO: [Student’s Name]

 [Student’s ID Number]

FROM: [Dean, Department Head/Chair, Graduate Program Director, or Principal Investigator]

SUBJECT: Renewal of Your [Name of Fellowship] Graduate Fellowship and

 Notice of Appointment for 2018-19 [or appropriate term dates**\*\*** if less than an academic or fiscal year\*\*]

This memorandum serves as formal notice of renewal of your graduate fellowship appointment at Oregon State University for the period \_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_.

**[Note: Insert one of the following paragraphs, as appropriate]**

Your graduate fellowship renewal appointment provides a total stipend of $\_\_\_\_\_\_\_ which will be distributed to you in [number of installments]\_\_\_\_\_equal installments. Each installment will be disbursed directly to your student business office account at the beginning of each term during the fellowship period, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ select terms – summer, fall, winter, spring.] This appointment renewal is contingent upon you remaining a graduate degree-seeking student in good standing in the field of [enter graduate major.]

***OR***

Your graduate fellowship renewal appointment provides a total stipend of $\_\_\_\_\_\_\_\_\_\_\_\_\_ which will be disbursed in [number of payments]\_\_\_\_\_\_\_\_\_\_\_\_\_\_ monthly payments of $ \_\_\_\_\_\_\_each on or before the first of the upcoming month during the fellowship award period. This appointment renewal is contingent upon you remaining a graduate degree-seeking student in good standing in the field of [enter graduate major] and your continued sponsorship under the [Name of Fellowship] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_program.

Contact your appointing graduate program if you have questions regarding this fellowship support.

If this fellowship appointment includes tuition waiver scholarship support from the OSU Graduate School, a letter of offer detailing that tuition waiver support will be sent to you separately by the OSU Graduate School.

***Graduate Fellows are not employees of the university or department/unit.  However, through their advanced degree objectives, Graduate Fellows are mentored by Graduate Faculty members.  Activities associated with a Graduate Fellow appointment are not employment.***

If this notice is understood and acceptable to you, please sign one copy of this memorandum and return a copy to [department], no later than [date]. A copy will be placed in your department file and a copy will be sent to the Business Center Human Resources Unit as an official record of your appointment. Please keep the original copy for your own records. Health insurance forms should be returned directly to Student Health Services.

We look forward to having you continue your graduate fellowship with us.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Dean, Department Head/Chair, Graduate Program Director, or Principal Investigator]

cc: Business Center Human Resources Unit

 [Dean, Department Head/Chair, Graduate Program Director, or Principal Investigator]

(NOTE; INSERT PAGE BREAK HERE IN FINAL VERSION

 [Date]

[Graduate Fellow’s Name]

Letter of Offer and Notice of Reappointment for Academic Year 2018-19

 [or appropriate term dates**\*\*** if less than an academic or fiscal year]

Name of Fellowship Program or Training Grant

**Acceptance and Consent (Please review details about these requirements prior to signing this letter)**

I accept this offer of appointment to a Graduate Fellowship, and I further acknowledge:

1. I must maintain a minimum of [insert nine (9), or more if your fellowship requires higher enrollment level] \_\_\_\_\_\_\_\_\_\_credit hours toward my degree program throughout my appointment period during the academic year. If I have a summer appointment, I must maintain a minimum of [insert three (3), or more if your fellowship requires higher enrollment level] \_\_\_\_ credit hours during the summer term. I understand that audit registrations, course withdrawals, and enrollment in INTO OSU coursework may not be used to satisfy the [(9) or more] \_\_\_\_credit enrollment requirement.
2. Tuition charges associated with INTO OSU or tuition charges associated with audit or withdrawn courses may not be paid by a Graduate Fellow tuition waiver.
3. E-campus courses may be used to satisfy the [9 or more] \_\_\_credit enrollment requirement, and E-campus tuition charges are covered by the tuition waiver up to a maximum enrollment of 12-credits.
4. If I am also receiving tuition support from OSU during the period of my fellowship, a minimum enrollment of 12-credits is required each term during the academic year, 3-credits in summer term. Tuition waivers cover the cost for a maximum of 12-credits of enrollment during the academic year and a maximum of 3-credits of enrollment in summer term. Any additional cost for more than 12-credits in academic year terms or more than 3-credits in summer term will not be paid by the waiver; if I choose to take more than 12-credits in academic year terms or 3-credits in summer term, I am personally responsible for paying the additional cost.
5. Failure to make satisfactory progress toward my degree will result in the removal of this fellowship.
6. Health insurance is mandatory for Graduate Fellows. All Graduate Fellows are required to submit documentation to enroll in or waive out of the insurance plan offered by the University. I must submit the necessary paperwork within the first 30 days of the start of my Graduate Fellow appointment. If I choose to waive the coverage offered by the University, I must have medical, dental and vision coverage that is deemed comparable by the University. I authorize the University to post a monthly charge to my student business office account for the health insurance premium for the level of coverage for which I have enrolled. If I am not appointed as a Graduate Fellow during summer term, I am eligible to enroll in coverage for the summer months (July, August and September) and pre-pay for those premiums in the month of May. I must submit the necessary summer paperwork to the University Student Health Services by May 1st.
7. For additional information regarding health insurance, visit <http://studenthealth.oregonstate.du/insurance/> or send an email to osustudent.insurance@oregonstate.edu.

**Timing of your Offer Acceptance**

Oregon State University is a participant in the Council of Graduate Schools (CGS) Resolution for Graduate Scholars, Fellows, Trainees and Assistants (also known as the April 15th Resolution), located here: <http://cgsnet.org/april-15-resolution>. We seek your assistance in complying with its terms. Please read the Resolution carefully while considering your offer of appointment. Your acceptance of this offer is not valid or effective until April 15 of the year in which your appointment will begin.

I accept the offer as outlined in this letter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Fellow’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University ID Number

cc: Business Center Human Resources Unit

 [Dean, Department Head/Chair, Graduate Program Director, or Principal Investigator]